SUBMIT'S COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BAYHULD COUNTY, IM ISCUNSIN 75

Permit #: Date: Refund: Amount Paid: 87.6-9-18 879-18-18 150177

Bayfield Co. Zoning Dept.

Rec'd for Issuance	Mullicipal osc				☐ Commercial Use				X Residential Use	•			Proposed Use	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:			Т	\$ 25,000 Te		NX Neuronal	Value at Time of Completion include donated time &	Non-Shoreland	j≱ Siloreland — j≱ js		Section	1/4,	ÖN C	Authorized Agent: (Person Sig		ر ال ال يق	Andrew & Novey	Owner's Name: Jessie Link	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
										[•	ermit beir	Linheith	Run a Business	Relocate (existing bldg)	Conversion	dition/A	X New Construction	Project		Property/	Property/ ek or Land	, Township	1/4	Legal Description:	ning Applica) 2	7		UNTIL ALL P
	Accesso	Additio	Mobile	Bunkho							Residence	Principa		ng applied !		ness on	xisting bldg)		☐ Addition/Alteration	ruction	4		Land with	Land with	F	Gov't Lot		ition on beha		6	M) I CHAY VA	ERMITS HAI
	Accessory Building (specify) GGPGGC Accessory Building Addition/Alteration (specify)	3	0.7	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	ce (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)		or is relevant to it)	1 1	□ No Basement		义 2-Story	- 1	☐ 1-Story	# of Stories and/or basement		y is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	N, Range W	, So ∰ E	(Use Tax Statement) PIN: (Contro	2 Towns	Bremaken	Y Van Beck Mailing Address:	/E BEEN ISSUED TO APPLICA
	Alteration (specify)		ate)	☐ sleeping quarters,	irage	, , , , , , , , , , , , , , , , , , ,					shack, etc.)	cture on property)	Proposed Structure	Length: 24					🕉 Year Round	☐ Seasonal	Use		Pond or Flowage If yescontinue	am (incl. intermittent)	Jown of:	7 Vol & Page 3 6, 108	23 digits) 124-2-47-08		Phone:	City/State/Zip:	Same		□ PRIVY □
				or Cooking									D .			× None		_ 3	□ 2		# of bedrooms		Distance Structure	Distance Structure	River	Lot(s) No.	2-12	ent Mailing Ad	Plumber:	<u>.</u> H		City/	CONDITIONAL USE
				cooking & food prep facilities)				The second secon						Width: 24	None	Compost Toilet	ł	1 '	(New) Sanitary	☐ Municipal/City	What Ty Sewer/Sanita Is on the pr		is from Shorelir	is from Shorelin		Block(s) No. Sut	PIN: (23 digits) 04-024-2-47-08-03-100-212-46000 Volume_	Agent Mailing Address (include City/State/Zip):		クイスチン	SOMO	ip:	I USE ☐ SPECIAL USE
		2	_	` -			-				(1	Dim			VICE CORG	Vaulte	s) Specify	Specify Type:		What Type of wer/Sanitary Syste is on the property?		feet	<u> </u>	נטניחוצפ	subdivision: 73 2nd	orded Doc	/Zip):				2	
	- !	× :	× >	< >	< ×	×	×	×	×	X	×	×)	Dimensions	Height: みら		dtt)	Vaulted (min 200 gallon)	Type:(bay)	۱I		pe of ry System operty?		XNo	Is Property in Floodplain Zone?		1 Heto	Recorded Document: (i.e. Property Ownership, Volume 1/28 Page(s) 599	Written Au Attached Si Yes	Plumber P	3-18	Cell Phone: 200	e e	X B.O.A. □ OT
	2/10	. 1					- Livering and the second						Square Footage	6			n)		Xwell	□ City	Water		₩ No	Are Wetland Present?	37	1. to Long Lan	Page(s) 599	Written Authorization Attached	hone:	391-6358	Ú D	•	OTHER

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE RIVER UV- Secretarial Staff

Other: (explain)

Conditional Use: (explain) Special Use: (explain)

 $\times \times \times$

Authorized Agent: 义

(If you

of the owner(s) a letter of

Address to send permit _

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recently purchased the property send your Recorded DeedV

Owner(s):

(If there are Multiple Owners

ted on the

Deed All Owners must sign or letter(s) of authoritation must accompany this application

must accompany this application)

Aund

Date

N

15

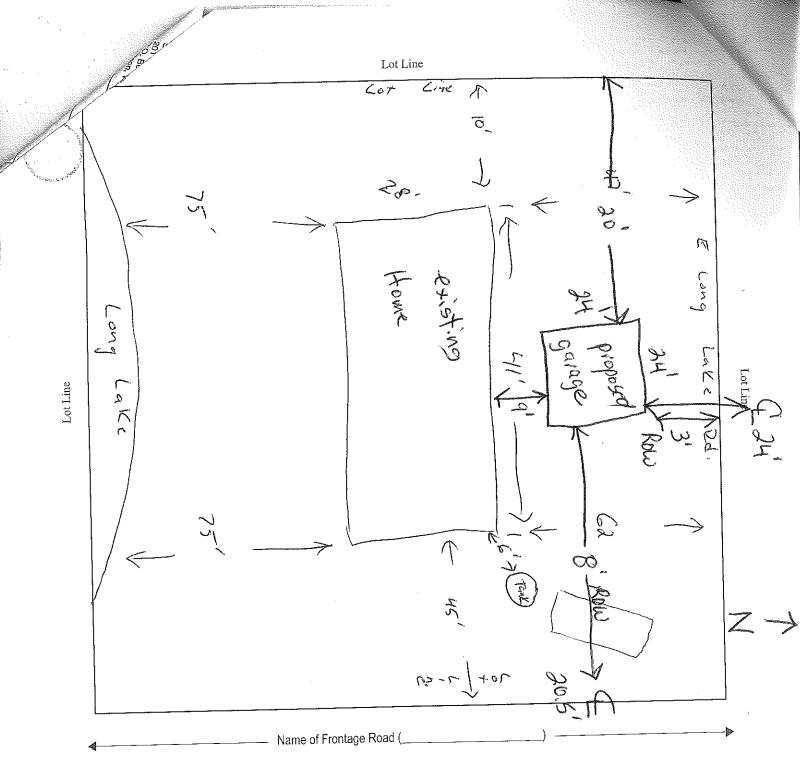
Date

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

T 09 205

Hold Fo	Signatu	Date of Condition	Inspecti	Wasp	Grantec Xyes	ls F Is Parci	Permit#:	Issuan Permit I		Prior to the one previous marked by	Prior to the other previ	Setback	Setback	Setback	Setback	Setback Setback	311100000000000000000000000000000000000		Please		1
Hold For Sanitary: 🔲	Cend Wat Signature of Inspector	Date of Inspection: Condition(s):Town,	Inspection Record: 2014	Was I roposed Bu	Granted by Variance (B.O.A.) XYes □ No	Parcel a Sub el in Comm ructure No	N	Issuance Informa Permit Denied (Date):	(9)	placement or usfy surveyed of a licensed surv	placement or ously surveyed	to Septic	from the	from the	from the	from the		(8)	se complete (1) -		(1) (2) (3) (4) (5) (6) (7)
	ki 2.E		J' 8	Parcel Lega ilding Site I	ж (В.О.А.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming) (199	nation (C e):	Stake or I N For The Co	construction o orner to the or eyor at the ow	construction o	Tank or Ho	East Lot Li	West Lot L	North Lot	Centerline Establishe	Desal basis	Setbacks:	ie (1) - (7		Show Location of: Show / Indicate: Show Location of (Show: Show: Show any (*): Show any (*):
日間	WEE &	1 S Soard Condition	23	Was Parcel Legally Created Was Proposed Building Site Delineated	Case #:	Lot XYes hip		Issuance Information (County Use Only) Permit Denied (Date):	Mark Prop OTICE: All onstruction	f a structure mather previously ner's expense.	f a structure wi ked by a license	olding Tanl	ne Zat	Setback from the West Lot Line	Line Tou	from the Centerline of Platted Road from the Established Right-of-Way		(measure	above (p)		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Show any (*): (10) Show any (*): (11) Show Location of (*): (12) Proposed Construction (13) Show Proposed Construction (14) On Plot Plan (15) Frontage Road (Name F
Hold For TBA:	1 1 1 1 1 1 1 1	ns :	breamongs a	XYes XYes				se Only)	Land Use Proof New On The loc	ore than ten (1.	ithin ten (10) fe ed surveyor at t		ack Kox	} } -		Way		d to the cl	See (7) above (prior to continuing)		Propc North (*) Dr All Exi (*) W (*) La (*) U
	Stacked of the stacked	Inspe Attached?	4	□ No		(Deed of Record) (Fused/Contiguous Lot(s))	Pern	Sanit Reas	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Prixy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	et of the minim	Setback to Septic Tank or Holding Tank Setback to Drain Field 25+	2000		70	1,18			S. C. €		Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold I	360	Inspected by: \ led? \(\text{Yes} \(\text{II} \)	person				Permit Date:	Sanitary Number: Reason for Denial:	New Const e One (1) Y mily Dwelli llage, City, t	than thirty (30 by the Departr	num required setba pense.	1, O	18P	1 1		D) L		t)	at		t Plan d (*) Front ttures on y Septic Tar er; (*) Stree
Hold For Affidavit:	4.7	No -(If No	3			UNO NO	6-9-1	1918 DC	ear from the rear from the rea) feet from the nent by use of	etback, the bou	Feet		Feet		Feet			tachmen		age Road (our Propei nk (ST); (*) am/Creek; over 20%
	Putra	No they need to be attached.)	the state	Were Pro	Previously Granted by Variance (B.O.A.) ☐ Yes 又 No	Mitigation Required Mitigation Attached	5	49118	eptic Tank (ne Date of Is unicipalities deral agenci	minimum requ a corrected cor	undary line fror	Setback to Well	Elevation	20% Slope Area on property	Sathack f	Setback f			est.		(Name From rty Drain Field or (*) Pon
 	\$ 16 B	o be attach	e str	derty Lines	ranted by \	equired ttached		***	(ST), Drain ssuance if C Are Requir es may also	ired setback, ti npass from a k	n which the se	o Well	of Floodp	e Area on	rom Weth	Setback from the Lake (ordinary Setback from the River, Stream, Setback from the Bank or Bluff		Chang			htage Roac d (DF); (*)
Hold For Fees:	10 10 10 10 10 10 10 10 10 10 10 10 10 1		, Ž.Ž.	Represent	/ariance (B	XYes XYes		# of bedrooms:	field (DF) construction ed To Enfo orequire po	he boundary ii nown corner w	tback must be		lain	property	ă.	iver, Strea		ges in plans			ال Holding Ta
	1, 7		Emperty line s	Were Property Lines Represented by Owner Was Property Surveyed		□ No		ns:	Holding Tan or Use hare the United The United Error The U	ne from which vithin 500 feet	ndary line from which the setback must be measured must be visit					m, Creek		Changes in plans must be approve		Transition and the state of the	mk (HT) ar
	Y 2'	D	Za	er XYes	Case #:	Affidavit Affidavit		Sanitar	ank (HT), Pank s not begur	the setback mu of the proposec	t be visible from one					ater mark)		pproved by			nd/or (*) Pr
	Me D	ate of Re-Inspection:	Zoning District Jakes Classification			Affidavit Required Affidavit Attached		Sanitary Date:	rivy (P), an 1. ing Code.	st be measured	n one previous			□Yes			.	od by the Planning & Zoning Dept. Measurement			ivy (P)
(Approval:	ction:	2 A-1			XYes X Yes		2	d <u>Well</u> (W)	d must be visib ucture, or must	previously surveyed corner to the	b) A/H	es		25 J		ng & Zonin			
	3			N N		□ □ No o		98	_	le from t be	ner to the	Feet	Feet	No.	Foot	Feet		lg Dept.			



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line

- j. Privy to lake, river, stream or pond

IMPORTANT DETAILED PLOT PLAN

IS NECESSARY, FOLLOW STEPS 1-7 COMPLETELY.

- k. Drain field to closest lot line
- I. Drain field to building
- i. Privy to building

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Meno

Karondoro

dhowing

OWNERSPY

Date Stamp (Received)

Bayfield Co. Zoning Dept.

Refund:

JUN 012015 (EMPRED) Permit #: Date: Amount Paid:

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6-9-1

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15:018

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Section 7 , Township 47 N, Range 8 W	$\frac{\int \mathcal{E}_{1/4}}{\sqrt{4}} = \frac{\int \mathcal{E}_{1/4}}{\sqrt{4}} = \int $	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: Bay Dymesid	Address of Property: 7940 Staples Asc	Owner's Name: Arthur Schuh	TYPE OF PERMIT REQUESTED— □ LAND USE □ SANITARY
	CSM	PIN: (23 digits) 04-024-2-47-08-07-1 04-000-60000	Agent Phone:	Contractor Phone: フィシンフィン・リャタル	City/State/Zip:	Mailing Address: 7940 Staples Aux	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
Town of:	Vol & Page	47-08-0'	Agen	: Plumber:	Hon River	ples Au	Λ □ co
Fron River	Lot(s) No.	7-1 04-01	t Mailing Addr	ber: /		City/	NDITIONAL
	Block(s) No.	00-60000	Agent Mailing Address (include City/State/Zip):		WI SYRYO	City/State/Zip:	USE □ SPEC
Lot Size 220×170	Subdivision:	Recorded Document Volume	State/Zip):			Iron River WI SHOWY	
Acreage		Document: (i.e. Property Ownership Page(s)	Written Authorization Attached ☐ Yes ☐ No	Plumber Phone:	Cell Phone:	Telephone: 7 5-372-5285	☐ B.O.A. ☐ OTHER

Proposed Construction:	Existing Structure					30,000.00	ሱ		Value at Time of Completion * include donated time & material	□ Non-Shoreland	☐ Shoreland —	
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	K Addition/Alteration	☐ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?
	r is relevant to it)		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement		ר 1000 feet of Lake, Pon If ye	liver,
Length: 3	Length: 6						∠ Year Round	Seasonal	Use		Pond or Flowage If yescontinue>	Stream (incl. Intermittent) If yescontinue —>
32 '	60'			□ None		_ 3	[X]	<u> </u>	# of bedrooms		Distance Stru	Distance Stru
Width: /6 '	Width: 14'	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	⊠ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline :feet
Height: //'2"	Height: /o			ntract)	ulted (min 200 gallon)	ify Type:	ify Type:		ype of ary System roperty?		□ Yes	Is Property in /
12"	10'4"			<u></u>			. □ Well	⊠ City	Water		□ Yes	Are Wetlands Present?

Proposed Use	٠,	Proposed Structure	Dimensions	Square Footage
n de la companya de l		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	×	
X Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(X)	
		with a Deck	×	
		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
· · · · · · · · · · · · · · · · · · ·	Þ	Addition/Alteration (specify) Addition-(rooms	(32 × /C)	512
Iviunicipal Use		Accessory Building (specify)	(x	
		Accessory Building Addition/Alteration (specify)	(×)	
nec u jor issuance	- 1			
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	×	
Secretarial Staff		Other: (explain)	(x	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): ____(
(If there are Mu Deed All Owners letter(s) of authorization must accompany this application) Date

0

51-10

Authorized Agent:

Address to send permit

(If you

are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach
Copy of Tax Statement
Groperty send your Recorded Deed

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
Plans 58
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Dale Stamp (Refelived) 3 2015

Bayfield Co. Zoning Dept.

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THE STATE OF THE S

Permit #: Date: Refund: Amount Paid: # N 6-9-15 $(o^{-}$

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

	□ Non-Shoreland	⊴ Shoreland —		Section		3/4,		LOCATION	PROJECT		Authorized Agent: (Per	Contractor:	Address of Property: 67660 Cth. Hwy H	ROBBI	Owner's Name:	TYPE OF PERMIT REC	O NOT START CONSTRUC
		1/25 Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? f yescontinue	, rownsnip		6 3	Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))		the House	LOHASON	-	TYPE OF PERMIT REQUESTED—▶ 3-7LAND USE □ SANITARY □ PRIVY	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
		ke, Pond or Flowage If yes—continue →	or, Stream (ind. Intermittent) Nyescontinue		Town of:	710 5 68	CSIM Vol & Page	04-04-024-2-	PIN: (23 digits)		Agent Phone:	Contractor Phone:	(RON RIVE	6/660 Cty Hwy M	Mailing Address:		APPLICANT.
		Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	RON RIVER			Lot(s) No. Block(s) No.	04-04-024-2-47-08-17-205-006-30000 Volume_			Agent Mailing Address (include City/State/Zip):	Plumber:	Chystate/zip:	M RON RIVER, W)	City/State/Zip:	☐ CONDITIONAL USE ☐ SPE	などなれない
		Ä	<u> </u>		Lat Size		Subdivision:	OC Volume	Recorded Docume		/State/Zip):		17	MY 5484		☐ SPECIAL USE ☐ B.C	
VI 1000000000000000000000000000000000000		☐ Yes ☐ Yes ☐ No	Is Property in Are Wetlands Floodplain Zone? Present?	1.8	Acreage			Page(s)	Recorded Document: (i.e. Property Ownership)	□ Yes □ No	Written Authorization	Plumber Phone:	218-590-5912	_ >[Telephone: 718-590-5910	B.O.A. OTHER	

Proposed Construction:	Existing Structur					\$ 25,000			Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	\square Addition/Alteration	New Construction	Project
	r is relevant to it)	The state of the s	Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement
Length: 40	Length:					D	√Year Round	☐ Seasonal	Use
C				None		3	2		# of bedrooms
Width: 40	Willth.	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: SEPT(☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: 18-20 Ren	Height:				min 200 gallon)	e: SEPTIC	A		P EEM
20 PER			•				Well	□ City	Water

		The state of the s		The state of the s	The same of the sa
Proposed Use	٠	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	~	×)	
		Residence (i.e. cabin, hunting shack, etc.)	-	×	
		with Loft	-	×	
Residential Use		with a Porch	_	×	The state of the s
		with (2 nd) Porch	_	×	
		with a Deck		×	***************************************
		with (2 nd) Deck	_	×	
☐ Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	
		Addition/Alteration (specify)	_	×	
Municipal Use	Ę	Accessory Building (specify) LARAGE	_	10 x 40)	1600
		Accessory Building Addition/Alteration (specify)	_	х)	
TECO IOI ISSUAI					
		Special Use: (explain)		×)	
		Conditional Use: (explain)	-	×	
Secretarial Stoff		Other: (explain)	_	×	
	-	and the second s			

Owner(s): Week on the Deed All Owners myst FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described pagetry at any reasonable time for the purpose of inspection. ī

Authorized Agent:

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

sign <u>or</u> letter**/**/

of authorization must accompany this application)

Date

Date

Attach

Copy of Tax Statement

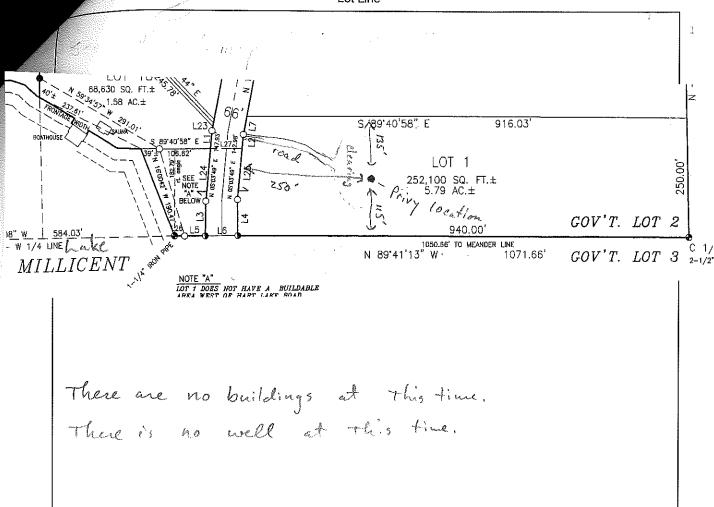
If you recently purchased the property send your Recorded Deed

BAYFIELD COUNTY SANITARY PERMIT APPLICATION D E E W E



			(

(Please Print All Information)	Soil Test 65-15 County Permit No: 15-0186
Property Owner's Name: Paul Kaneh Bayfield Co. Zoning Dent	County: Bayfield
Address of Property: Bayfield Co. Zoning Dept Those Royale	Property Location:
Address of Property: Iron River, 66530 Hart Lake Rd, WI 54847	1/4 1/4, S 2 Z T 47 N, R 8 E (or)(W)
Property Owner's Mailing Address: 1007 Washington	Township: Gov. Lot #:
Ane Soul City WI 53583	1ROW RIVER
Ave, Sank C. Ty WI 53583 City, State Zip Code Phone Number	Lot # Block #: Subdivision Name or CSM #:
Sank C.ty WI 53583 608-661-3363	i Ellen wood
II. TYPE OF BUILDING: (Check One)	Parcel ID 00 - 323 -
State Owned	Tax Number(s):
Public (Explain the use/purpose 1 or 2 Family Dwelling - No. of Bedrooms	1000 - 024 - 2 - 47 - 08 - 22 - 2
III. TYPE OF PERMIT: (Check only one box on line A. Check box	
	Private Interceptor
Reconnection Repair Revisio	on ** Transfer of Owner (List Previous Owner below)
B) A Sanitary Permit was previously issued. <i>Previou</i> .	a Parmit Number Data laguad
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace	ements need previous permit number and date filled out above
C) 🔀 Pit Privy 🔲 Vault Privy (Vault size:	gallons or gubic yards)
(Vadic 0120.	ganorio dioublo yulido)
Portable Privy Camping Transfer Unit Containe	er Composting Toilets Incinerating Toilet
V. ABSORPTION SYSTEM INFORMATION:	
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. Lo	pading Rate 5. Perc. Rate 6. System 7. Final Grade
Day Day Day wine of (On Et) Duran are of (On Et) (On In	
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals	s. / Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)
	s. / Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)
VI. TANK Capacity	Nufacturaria Prefet Site Siber Super
VI. TANK INFORMATION: Capacity In Gallons New Existing Total # of Mar Gallons Nan	nufacturer's Prefab. Site Steel Fiber- Plastic Exper.
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Total # of Gallons Nan Nan	nufacturer's Prefab. Site Steel Fiber- Plastic Exper.
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank	nufacturer's Prefab. Site Steel Fiber- Plastic Exper.
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank /	nufacturer's Prefab. Site Steel Fiber- Plastic Exper.
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	nufacturer's Prefab. Site Steel Fiber- Plastic Exper.
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT:	nufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic Exper. App.
VI. TANK INFORMATION: In Gallons	nufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic Exper. App.
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Plumber's / Owner's Name: (Print) Plumber	nufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic Exper. App. e sewage system shown on the attached plans. er's / Owner's Signature: (No Stamps) MP/MPRSW No:
VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Plumber's / Owner's Name: (Print) Plumber's Address: (Street, City State, Zip Code)	Prefab. Concrete Steel Fiber-glass Plastic Exper. App. e sewage system shown on the attached plans. er's / Owner's Signature: (No Stamps) Home Phone: Business Phone:
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VI. TANK INFORMATION: In Gallons	Prefab. Concrete Constructed Steel Fiber-glass Plastic Exper. App. e sewage system shown on the attached plans. er's / Owner's Signature: (No Stamps) MP/MPRSW No:
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1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

Name of Frontage Road (

- Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 5. Show the location of the well, septic tank and drain field.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.

Show the location of any lake, river, stream or pond if applicable.

- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines

4.

- b Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond

IS NECESSARY, FOLLOW

- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond

IMPORTANT
DETAILED PLOT PLAN

STEPS 1-7 COMPLETELY

o. Well to building

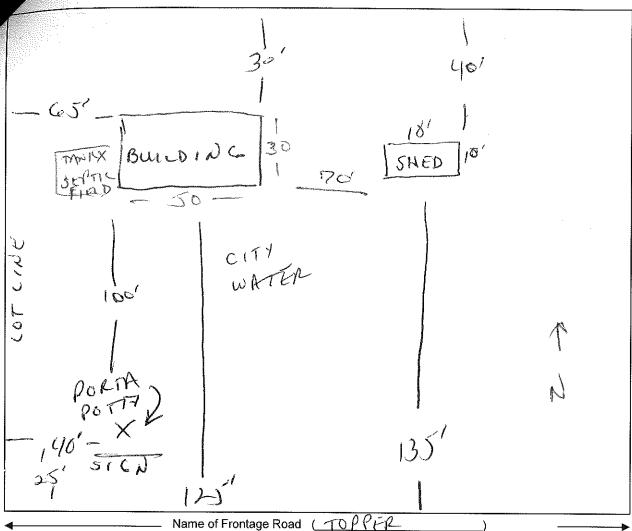
Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
	Zonina District
ENTERED	\
EMITURE	Lakos Class
	Lakes Class

(Please Print	ON INFORMATI t All Information)	ON			Soil Test No:		Cou	nty nit No:	<u>)</u> 15-0	NON		
Property Owner's Name: LUCICY STRIKE LLC						County: Bayfield						
Address of Property: SHO TOPPER RD RIVER 14 14,868 T47												
8540	TINDO	$-\Omega$ Ω	D To		WI HOPERINE		с СРЭ т	1in N	 	ngapa -a	- (3	
Property Owner's Mailing Address:					Township:							
1000.001												
City, State City, State Zip Code Phone Number Lot # Block #: Subdivision Name or CSM #:												
HAYW	ARD WI	= 34	843 7	J-(80-	-0679	Output/Sign Name of Colvin.						
II. TYPE OF E	BUILDING: (Che	ck One)				1 V.928 P. 453						
State Own	ied COMA	الريدوا	M B	ALCD.		Parcel ID						
Public (Explain the use/purpose PORTABLE) Tax Number(s): 1 or 2 Family Dwelling - No. of Bedrooms Pt7T/LOOM Tax Number(s): 2029												
TOTAL TURNING WOULD STATE OF DEGLOOMS												
A) [A] New Replacement County Private Interceptor												
Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below)												
B) A Sanitary Permit was previously issued. <i>Previous Permit Number</i> :Date Issued:												
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Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals.						/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)						
VI. TANK		acity	<u> </u>								T	
INFORMATION	New	allons Existing	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site	Steel	Fiber-	Plastic	Exper.	
	Tanks	Tanks		ramo	Hamo	Concrete	Constructed		glass		Арр.	
Septic Tank or Holding Tank												
Lift Pump Tank	,									-		
Siphon Chambe	er											
VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.												
the undersigned	ed, assume respo	onsibility fo	r installatio	n of the					- Andrew All Section Section			
Owner's Name	e(s): (Print)				Owner's S	ignature(s	: (No Stam	os)				
HAN KOLWITZ (Claw Kolul)												
Plumber's Nam	e: (Pnnt)	200	Ent-	$ P_i $	lumber's Signature	: (No Starr	ips) [/ =	MP/MF	PRSW N	0:		
A KONALD POPPE Ronald Poppe 2299												
Plumber's Address: (Street, City State, Zip Code) Home Phone: Business Phone:												
X 13616W Reterson RD 715-634-1450 SAME VIII. COUNTY/DEPARTMENT USE ONLY												
VIII. COUNTY				- '4 D								
n√		Disapproved Sanitary Permit/Transfer Fee: Date Issued: Issuing Agent's Signature								nature / D	rate:	
Approved		Owner Given Initial Adverse Determination \$150										
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:												
TANK	SHAN		MAI		Management of the Commission o	e Pa	OKA-	n A	ka Ka		-	
	et in th	0 16	netara		nota Nu	LARANC	i de	0	Plot D	Plan on rev	verse side	

not in the sandary Santary District.



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IMPORTANT
DETAILED PLOT PLAN

STEPS 1-7 (a-o) COMPLETELY

o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891